

Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL FOR FY 2005		Complete if Known		
		Application Number	09/270,710	RECEIVED CENTRAL FAX CENTER MAY 21 2007
		Filing Date	03/16/1999	
		First Named Inventor	Lawrence F. Glaser	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Examiner Name	Rachel L. Porter	
TOTAL AMOUNT OF PAYMENT	(\$790.00)	Art Unit	3626	
		Attorney Docket No.	740388-20	

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
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 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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FEE CALCULATION**1. BASIC FILING, SEARCH AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
 _____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
 _____ - 3 or HP = _____ x _____ = _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
 _____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

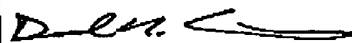
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \$790 RCE

790.00

SUBMITTED BY

Signature		Registration No. 32,815 (Attorney/Agent)	Telephone 202 585 8000
Name (Print/Type)	Donald R. Studebaker	Date	May 21, 2007

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